ARIZONA DEPARTMENT OF AGRICULTURE ENVIRONMENTAL SERVICES DIVISION

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NEW - COMMERCIAL FEED LICENSE APPLICATION

FOR ADA/ESD USE ONLY
License No.:
Check #:
Check Date:
Check Amount: \$
Line #:

		Line #:
Company Name:	·	
Division:		
Fed. Tax ID#:	E-mail:	
Mailing Address:		
Physical Address:		
PHONE:		
PHONE.		FAX:
Division on also	If tonnage fees are not paid from Licensee's mailing address, please provide	proper address below:
Division or c/o:		
onnage Address:		
PHONE:		FAX:
* Application will not be	processed without a tax ID number.	
livision. A separate application.	person may manufacture or distribute commercial feed in this state will ication is necessary for a commercial feed license for each manufact appropriate fee to the above address. Payment may be made by check required by law to process completed applications within fourteen danced.	uring or distribution facility. ck to the Arizona Department of Agriculture
icense Option \$10	per year:	
opy of each commercial) any person applying for a new commercial feed license to manufactor feed label intended for distribution within the state. A replicate of yobstitute. Do NOT submit the actual containers or packaging.	
pplicant Name/Title	ə: <u> </u>	
onduct business as a co	makes application for a new commercial feed license, pursuant to A.R ommercial feed licensee pursuant to Title 3, Arizona Revised Statutes this application is true and accurate to the best of my knowledge. I un	and rules adopted pursuant thereto. The
Signature:		Date: